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PTO/SB/22 (12-04)
Approved for use through 07/\$1/2008, OMB 0851-0031
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PETITION FOR EXTENSION OF	Docket Number (Optional)							
FY	038737 -0003							
(Fees pursuant to the Consolidated		(IT.R. 4070)	Flat 09 (07 /	1000				
Application Number 09/384, 108   Filed 08/27/1999  For Apparatus and Method & Bridging a Wired Natuork and Wireless Devices								
	OD PA DE LOCAL	9 441120 10	Examiner 5Hatt,					
Art Unit 2664	- of 27 CER 1 138(a)	to overed the perio						
This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filling a reply in the above identified application.								
The requested extension and fee are	as follows (check tin	ne period desired at		fee below):				
·		<u>Fee</u>	Small Entity Fee					
One month (37 CFR 1.	17(a)(1))	\$120	\$60	\$				
Two months (37 CFR 1	.17(a)(2))	\$450	\$225	\$ 450				
Three months (37 CFR	1.17(a)(3))	\$1020	\$510	s				
Four months (37 CFR	I.17(a)(4))	\$1590	\$795	\$				
Five months (37 CFR 1	.17(a)(5))	\$2160	\$1080	\$				
Applicant claims small entity sta	tus. See 37 CFR 1.27	7.						
A check in the amount of the fee is enclosed.								
Payment by credit card. Form PTO-2038 is attached.								
The Director has already been authorized to charge fees in this application to a Deposit Account.  450.09								
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to								
Deposit Account Number  I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this form.								
Provide credit card information ar	nd authorization on PT	O-2038.						
I am the applicant/inver	itor.		,					
	cord of the entire in	inmet See 27 CE	:D 2 71					
Statement u	under 37 CFR 3.73	(b) is enclosed (Fe	orm PTO/SB/96).					
attorney or age	ent of record. Regis	tration Number _	43,430					
attorney or age Registration no	ent under 37 CFR 1 Imber If acting under 37	.34. CFR 1.34						
am		<del></del>	68/07/	2005				
Sig	nature		De	ite				
Robert G	raham		68/07/ 00 (416) 36	0-3524				
Typed or	printed name			a Number				
NOTE: Signatures of all the inventors or assign- signature is required, see below.	ees of record of the entire i	nterest or their represent	ative(s) are required. Submit mu	ultiple forms if more than one				
Total of	forms are su	bmitted.						

This coffection of information is required by 37 CFR 1.138(a). The information required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTC/SB/17 (12-04v2)
Approved for use through 07/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete If Known						
			. 11 4	Application Number 09/384,1		09/384,10	108				
FEE TRANSMITTAL			<u> </u>	Filing Date		08/27/1999					
	For F	Y 20	05	Li	First Named Inv	entor	DOYLE, P	/lichael			
			A. A. B. O. T. A. A. B.		Examiner Name	)	SHAH, CI	nirag G.			
Applicant cla	ims small entit	y status.	Sea 37 CFR 1.27		Art Unit		2664				
TOTAL AHOUNT	OF PAYMEN	т (\$)	450.00		Attorney Docket	No.	038737-0	003			
METHOD OF PAYMENT (check all that apply)											
Check ✓ Credit Card Money Order Other (please identify):											
Deposit Account Deposit Account Number. Deposit Account Name:											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee											
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments											
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
Information and authorizoden on PTO-2038.											
FEE CALCULA					enter e						
1. BASIC FILIN		AND EX	Camination fe		U 5550	CYAN	AIN I ATION	EEEC			
	-	Sm	all Entity		H FEES Small Entity		NOITANIN Llisms				
Application T				<del>60 (\$)</del>	Enn (5)	Egg			Foos Paid (\$)		
Utility				500	250	200	• • • • • • • • • • • • • • • • • • • •				
Design	•			100	50	130	65	5			
Plant	20	00	100 3	100	150	160	) 80	)	<del></del>		
Reissue	30	90	150 5	500	250	600	300	)			
Provisional	21	00	100	0	0	C	) (	)			
2. EXCESS CL							æ		Small Entity		
Fee Description Fee (S) Fee (S) Each claim over 20 (including Reissues) 50 25											
			cluding Reissues	)			2	200	100		
Multiple dep	endent claims	\$	· ·				_	360	180		
<u>Total Claims</u>	··	<u>si Cisima</u>		-	ald (S)				pondont Claims Fක Paid (8)		
HP = highest num	or HP = ber of total claim		greater than 20.				<u> </u>	ae (§)	Par Part (2)		
Indep. Claims		e Cialme	<del></del>	Fee P	शर्व (ह)						
	or HP = per of independic	nt claims pa	. If =	3.							
3. APPLICATIO	N SIZE FEE							_			
			ceed 100 sheets o								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
<u>Total Shears</u> <u>Firms Shears</u> <u>Number of cach additional 50 or fraction thereof</u> <u>Fee (S)</u> <u>Fee Paid (S)</u>											
100 = /50 = (round up to a whota number) x =											
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): Pettion for Extension (2 menth) of Time 450.00											
SURVICITED BY				-	****						
Signature		ZOW	2	Re	gistration No. 43	3 430	Ţ.	Telephon	<sup>TB</sup> (416) 360-3524		
Name (Print/Type) R	Pahara Craker	70'		į (At	omsy/Agent) 4	-,~~		Dato 08/0			
ACTIVIO (1 INTO 1 APRO) H	COST CIRUSIN						! <u>.</u>	-aio 00/	A1100AAA		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a banafit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.